

EXHIBIT N-1

September 16, 2021

Prime Clerk, LLC
Grand Central Station
P.O. Box 4850
New York, NY 10163-4850

RECEIVED
SEP 22 2021
PRIME CLERK LLC

Ref.:

Claim: 171116 – Minimum Wage
Claim: 111463 – Act 89-Romerazo



To Whom It May Concern:

On September 16, 2021, I received a letter from you informing me that my claim 171116 has been rejected because I had not submitted the information you had requested.

I contacted you immediately by phone and was assisted by Mr. John Valdés, who told me that what had happened was that I had failed to send what you had requested within the legal timeframe for you. I would like to let you know and clarify that as soon as I found out, which was through a

(2)

former coworker of mine, since I was never sent a letter requesting the information and, in addition, I am retired (a government retiree), and you never asked me for it. Therefore, I submitted said information using a form that my former coworker gave me.

Mr. Valdés, the person with whom I spoke on the phone, from Prime Clerk, told me to send you a copy of everything I have sent you, to submit it for your consideration.

I am attaching copies of everything that I have sent you.

Thank you very much for any attention you may provide.

Cordially.

Amilda Perez Nieves

September 16, 2021

IF YOUR CLAIM IS LISTED HERE, ONE OR MORE OF THE DEBTORS ARE SEEKING TO DISALLOW YOUR CLAIM FOR THE REASON LISTED BELOW.

NAME	CLAIM #	DATE FILED	DEBTOR	ASSERTED CLAIM AMOUNT
PEREZ NIEVES, AMILDA	171116	10/3/2019	Commonwealth of Puerto Rico	\$0.00
Reason:	Proof of claim was not timely filed, as claimant filed the claim after the applicable deadline set by the Bar Date Orders.			

SI SU RECLAMO ESTÁ INCLUIDO AQUÍ, UNO O MÁS DE LOS DEUDORES SOLICITAN QUE SU RECLAMO SEA RECHAZADO POR LA RAZÓN INDICADA AQUÍ ABAJO.

NOMBRE	N.º DE RECLAMACIÓN	FECHA DE PRESENTACIÓN	DEUDOR	MONTO DE LA RECLAMACIÓN ALEGADA
PEREZ NIEVES, AMILDA	171116	10/3/2019	Commonwealth of Puerto Rico	\$0.00
Base para:	La Evidencia de reclamo no se presentó dentro de los plazos estipulados, ya que el demandante presentó el reclamo después de la fecha límite aplicable fijada por la Resolución sobre Fechas Límite.			

Copies of the Omnibus Objection and all other filings in the Title III Cases are available free online at <https://cases.primeclerk.com/puertorico>. If you have questions, please contact Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available).

Copias de la Objeción global, y todos los escritos radicados en el marco de las causas conforme al Título III, están disponibles, de manera gratuita, en <https://cases.primeclerk.com/puertorico>. Si tiene alguna pregunta, comuníquese con Prime Clerk LLC llamando al (844) 822-9231 (número gratuito para Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas desde el extranjero), disponible entre las 10:00 a.m. y las 07:00 p.m. (AST) (hablamos español).

September 16, 2021

Mr. John Valdés

Before September 20, 2021

Exhibit C

***CUST PR 1845 SRF 56088 PackID: 769 MMLID: 950421-P Svc: 374
PEREZ NIEVES, AMILDA
PO BOX 551
SAN SEBASTIAN PR 00685-0551

Prime Clerk, LLC
Grand Central Station
PO Box 4850
New York, NY 10163-4850

FIRST
U.S. PO
PA
MEMPH
PERMIT

LEGAL NOTICE ENCLOSED. DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT/GENERAL COUNSEL.

0068500551 R005



PRIME CLERK RECEIVED YOUR

Prime Clerk
830 Third Ave, 9th Floor
New York, NY 10022-1000
29 AUG 18
PM 15 L
In re Commonwealth of Puerto Rico
Case No. 17-03283
United States Bankruptcy Court for the District of Puerto Rico (San Juan)



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commonwealth of Puerto Rico
Information Processing Center
c/o Prime Clerk LLC
Grand Central Station, PO Box 4708
New York, NY 10163-4708



9590 9402 5190 9122 3971 54

2. Article Number (Transfer from service label)

7016 2710 0000 3921 8258

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SEP
26
2019

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express®

Red Mail Restricted Delivery (over \$500)

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

NEW YORK, NY 10163

Certified Mail Fee \$3.45

Extra Services & Fees (check box, add fee):
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.21

Total Postage and Fees \$7.41

Sent To

Commonwealth of Puerto Rico - Information Processing Center
c/o Prime Clerk LLC - Grand Central Station, PO Box 4708
New York, NY 10163-4708

PS Form 3811, April 2015 PSN 7530-02-000-9047

07/24/2018

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commonwealth of Puerto Rico
Claims Processing Center
c/o Prime Clerk LLC
Grand Central Station - PO Box 4708
New York, NY 10163-4708



9590 9402 2271 6225 4611 98

7016 1970 0001 2256 5835

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

W. McRAE

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery
- ☐ Priority Mail Express®

Domestic Return Receipt

USPS TRACKING #
NEW YORK
9590 9402 5190 5122 3971 54

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4®

Amilda Pérez Nieves
P.O. Box 551
San Sebastián, P.R.
00685

-055151

Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is not available for international mail.
- Insurance coverage is not available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, Domestic Return Receipt, attach PS Form 3811 to your mailpiece.

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signer to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signer to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).

■ To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT! Save this receipt for your records.

PS Form 3800, April 2015 (Reverse) PSN 7530-02-000-9047

USPS TRACKING #
NEW YORK
9590 9402 2271 6225 4611 98

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Amilda Pérez Nieves
P.O. Box 551
San Sebastián, P.R.
00685

CO NOINTA RHO
010-4-1110-00
B111 #: 840-5060179-2-3
04

15/DECEMBER/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.

Directions to find out status on “Minimum Wage”

(Claim to the “Government” pending payment)

- 1) Search on “Google” for “Prime Clerk” and press click.
- 2) Then click on “Claims.”
- 3) Click on Creditor Name and type in my last names (Pérez Nieves).
- 4) Click on “Enter.”

In there, it shows whether I have been paid or not, and any other information.

Note:

I have to request the other complaint:
Claim against the “Federal Government”

SAN SEBASTIAN
211 CALLE RUIZ BELVIS
SAN SEBASTIAN, PR 00685-0995
428640-0685
(800)275-8777
09/23/2019 10:01 AM

Product	Qty	Unit Price	Price
First-Class Mail® Letter	1	\$0.55	\$0.55
(Domestic) (NEW YORK, NY 10163) (Weight: 0 Lb 0.60 Oz) (Estimated Delivery Date) (Thursday 09/26/2019)			
Certified (USPS Certified Mail #) (70162710000039218258)			\$3.50
Return Receipt (USPS Return Receipt #) (9590940251909122397154)			\$2.80
Affixed Postage (Affixed Amount: \$0.55)			(\$0.55)
Total:			\$6.30

Cash \$6.30

The timeliness of service to or from destinations outside the contiguous US may be affected by the limited availability of transportation.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com. USPS Tracking or call 1-800-222-1811.

Preview your Mail
Track your Packages
Sign up for FREE @
www.informedelivery.com

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

HELP US SERVE YOU BETTER
(AYUDENOS A SERVIRLE MEJOR)

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE
(DEJENOS SABER ACERCA DE SU MAS
RECIENTE EXPERIENCIA CON EL CORREO)

Go to (Vaya a):
<https://postalexperience.com/Pos>

840-5006-0179-003-00048-80424-02

or scan this code with
your mobile device:
(o escanee este código con
su dispositivo móvil:)



U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

NEW YORK, NY 10163

OFFICIAL USE	
Certified Mail Fee	\$3.50
Extra Services & Fees (check box, add fee as appropriate)	\$2.80
<input type="checkbox"/> Return Receipt (hardcopy)	\$2.80
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.55
Total Postage and Fees	\$6.85

0685
6

Postmark
Here

09/23/2019

Sent To
Commonwealth of Puerto Rico Supplemental
Information Processing Center c/o Prime Clerk LLC
650 Third Avenue Suite 412 Brooklyn NY 11232
PS Form 3800, April 2015 PSN 1530-02-000-1047 See Reverse for Instructions

You may also submit your claim electronically by visiting <http://cases.primeclerk.com/puertorico/EPOC-Index>

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMLID: 684954

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

Amilda Pérez Nieves

Name of the current creditor (the person or entity to be paid for this claim)
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

148

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

2. Has this claim been acquired from someone else?
☒ No / No
☐ Yes. From whom?
Sí. ¿De quién? _____
¿Esta reclamación se ha adquirido de otra persona? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
¿A dónde deberían enviarse las notificaciones al acreedor?
Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)
Where should notices to the creditor be sent?
¿A dónde deberían enviarse las notificaciones al acreedor?
Where should payments to the creditor be sent? (if different)
¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)
Amilda Pérez Nieves
Name / Nombre
P.O. Box 551
Number / Número Street / Calle
San Sebastián P.R. 00685
City / Ciudad State / Estado ZIP Code / Código postal
(787) 308-4256
Contact phone / Teléfono de contacto
Contact email / Correo electrónico de contacto
amilda.perez@gmail.com

4. Does this claim amend one already filed?
☒ No / No
☐ Yes. Claim number on court claims registry (if known)
Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo)
Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)
¿Esta reclamación es una enmienda de otra presentada anteriormente?

5. Do you know if anyone else has filed a proof of claim for this claim?
☒ No / No
☐ Yes. Who made the earlier filing?
Sí. ¿Quién hizo la reclamación anterior?
¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?

Part 2 / Parte 2: Give Information About the Claim as of the Petition Date
Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico?
☐ No / No
☒ Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <https://cases.primedclerk.com/puertorico/>.)
Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <https://cases.primedclerk.com/puertorico/>.)
Commonwealth – Department of Family Affairs
Complaint KAC-0908-09 – Francisco Beltran Case
¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?

7. Do you supply goods and / or services to the government?
☐ No / No
☒ Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación:
Vendor / Contract Number / Número de proveedor / contrato: Employee
List any amounts due after the Petition Date (listed above) but before June 30, 2017:
Añote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____
¿Proporciona bienes y / o servicios al gobierno?

Modified Official Form 410 Proof of Claim page 2

<p>8. How much is the claim? ¿Cuál es el importe de la reclamación?</p>	<p>\$ <u>I don't know</u></p>	<p>Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?</p> <p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p>	
<p><u>Labor claim – Demand for money – Minimum Wage</u></p>		
<p>10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos</p> <p><input type="checkbox"/> Other. Describe: Otro. Describir: _____</p> <p>Basis for perfection / Fundamento de la realización de pasos adicionales: _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p> <p>Value of property / Valor del bien: \$ _____</p> <p>Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____</p> <p>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p> <p>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso : \$ _____</p> <p>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ %</p> <p><input type="checkbox"/> Fixed / Fija</p> <p><input type="checkbox"/> Variable / Variable</p>	
<p>11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso \$ _____</p>	

Modified Official Form 410

12. Is this claim subject to a right of setoff?

☒ No / No

¿La reclamación está sujeta a un derecho de compensación?

☐ Yes. Identify the property /
Sí. Identifique el bien: _____

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No / No

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.

Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha.
FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☒ I am the creditor. / Soy el acreedor.
☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el July 24, 2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma Amilda Prez Nieves

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

First name / Primer nombre

Middle name / Segundo nombre

Last name / Apellido

Title / Cargo

Company / Compañía

Identify the corporate servicer as the company if the authorized agent is a servicer.
Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

Number / Número

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City / Ciudad

State / Estado

ZIP Code / Código postal

Contact phone / Teléfono de contacto

Email / Correo electrónico

July 24, 2018

Due to lack of knowledge, I was not able to send this request to you when you came to Puerto Rico, therefore, I am sending it to you now.

Thank you for your attention to the matter.

Mrs. Amilda Pérez Nieves

USPS TRACKING #

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC Grand Central Station, P.O. Box 4708 New York, N.Y. 10163-4708		<i>[Signature]</i>	
 9590 9402 5190 9122 3969 28		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
(Transfer from service label)		3. Service Type	
7019 0700 0000 4054 1358		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (per \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
		Domestic Return Receipt	

Proof of Claim Number: **111463**

Claimant: **Perez Nieves, Amilda**

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim “Act 96,” please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of an initial pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following address:

<u>By Mail</u>	<u>Hand Delivery or Overnight Mail Service</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)
-

2. What is the amount of your claim (how much money do you claim to be owed):

I don't know. I know it was since the "Act" was approved. It constitutes a basis for the claim; I was already employed since before the Act.

Batch 3



Proof of Claim Number: **111463**

Claimant: **Perez Nieves, Amilda**

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. *Please continue to Question 4.*
- ☐ Yes. **Answer Questions 3(a)-(d).**

3(a). Identify the specific agency or department where you were or are employed:

3(b). Identify the dates of your employment related to your claim:

3(c). Last four digits of your social security number: _____

3(d). What is the nature of your employment claims (select all that apply):

- ☐ Retirement
- ☐ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. Legal Action. Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☐ Yes. **Answer Questions 4(a)-(f).**

[hw:] *Minimum Wage. I think that there was already a ruling, but the payment is still pending.*

4(a). Identify the department or agency that is a party to the action.

Department of Family Affairs

4(b). Identify the name and address of the court or agency where the action is pending:

Commonwealth of Puerto Rico – Claims Processing Center, c/o Prime Clerk LLC (Grand Center [sic] Station, PO Box 4708, New York 10163-470)

4(c). Case number: 111463

4(d). Title, Caption, or Name of Case:

In re Commonwealth of Puerto Rico Case No. 17-03283. United States Bankruptcy Court for District of Puerto Rico (San Juan)

Batch 3



Proof of Claim Number: **111463**

Claimant: **Perez Nieves, Amilda**

4(e). Status of the case (pending, on appeal, or concluded):

It is my understanding that a ruling has been issued, but I have not received payment yet.

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment?

APN [?]

Batch 3



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UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quiénes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1	Identify the Claim / Identificar la reclamación
1. Who is the current creditor? ¿Quién es el acreedor actual?	<u>Amilda Pérez Nieves</u> Name of the current creditor (the person or entity to be paid for this claim) Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación) Other names the creditor used with the debtor Otros nombres que el acreedor usó con el deudor _____

<p>2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Sí. ¿De quién? _____</p>
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? Where should payments to the creditor be sent? (If different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p> <p>Name / Nombre: <u>Amilda Pérez Nieves</u> Number / Número: <u>P.O. Box 551</u> Street / Calle: <u>San Sebastián, P.R.</u> City / Ciudad: <u>San Sebastián</u> State / Estado: <u>P.R.</u> ZIP Code / Código postal: <u>00685</u> Contact phone / Teléfono de contacto: <u>(787) 308-4256</u> Contact email / Correo electrónico de contacto: <u>amildaperez@gmail.com</u></p>
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?</p>	<p><input type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)</p> <p style="text-align: center;">I don't recall</p>
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior? _____</p> <p style="text-align: center;">I don't recall</p>
<p>Part 2 / Parte 2: Give Information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.</p>	
<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primedclerk.com/puertorico/.) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primedclerk.com/puertorico/.)</p>
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación:</p> <p>Vendor / Contract Number Número de proveedor / contrato: _____</p> <p>List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____</p> <p style="text-align: center;">I don't know</p>

8. How much is the claim? ¿Cuál es el importe de la reclamación?	\$ _____ I don't know	Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos? <input type="checkbox"/> No / No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).
9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica. (Romero) Act 89	
10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien. Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos <input type="checkbox"/> Other. Describe: (Romero) Act 89 Otro. Describir: Basis for perfection / Fundamento de la realización de pasos adicionales: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención. Value of property / Valor del bien: \$ _____ Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____ Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.) Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____ Annual interest rate (on the Petition Date): Tasa de interés anual (cuando se presentó el caso) _____ % <input type="checkbox"/> Fixed / Fija <input type="checkbox"/> Variable / Variable	
11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?	<input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____	

Modified Official Form 410

Proof of Claim

page 3

<p>12. Is this claim subject to a right of setoff?</p> <p>¿La reclamación está sujeta a un derecho de compensación?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Identify the property / Sí. Identifique el bien: _____</p>
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</p> <p>¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.</p> <p>Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.</p>

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☒ I am the creditor. / Soy el acreedor.
- ☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 09/30/2019 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma Amilda Pérez Nieves

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name Amilda Pérez Nieves
First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo _____

Company / Compañía _____

Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección P.O. Box 551
Number / Número Street / Calle

San Sebastián
City / Ciudad

P.R. 00685
State / Estado ZIP Code / Código postal

Contact phone / Teléfono de contacto (787) 308-4256 Email / Correo electrónico amildaperez@gmail.com

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

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Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?	<u>Amilda Pérez Nieves</u>
¿Quién es el acreedor actual?	Name of the current creditor (the person or entity to be paid for this claim) Nombre el acreedor actual (la persona o la entidad a la que se le pagará la reclamación)
	Other names the creditor used with the debtor Otros nombres que el acreedor usó con el deudor

<p>2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? / Sí. ¿De quién? _____</p>
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? Where should payments to the creditor be sent? (If different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p> <p>Name / Nombre: <u>Amilda Perez Nieves</u> Number / Número: <u>P.O. Box 551</u> Street / Calle: <u>San Sebastian, P.R.</u> City / Ciudad: <u>San Sebastian, P.R.</u> State / Estado: <u>P.R.</u> ZIP Code / Código postal: <u>00685</u> Contact phone / Teléfono de contacto: <u>(787) 308-4256</u> Contact email / Correo electrónico de contacto: <u>amilda.perez@gmail.com</u></p>
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?</p>	<p><input type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el: _____ (MM/DD/YYYY) / (DD/MM/AAAA)</p> <p style="text-align: center;">I don't recall</p>
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior? _____</p> <p style="text-align: center;">I don't recall</p>
<p>Part 2 / Parte 2: Give Information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.</p>	
<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primereclerk.com/puertorico/.) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primereclerk.com/puertorico/).</p>
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación: Vendor / Contract Number / Número de proveedor / contrato: _____ List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anotar la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____</p> <p style="text-align: center;">I don't know</p>

<p>12. Is this claim subject to a right of setoff?</p> <p>¿La reclamación está sujeta a un derecho de compensación?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Identify the property / Sí. Identifique el bien: _____</p>
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</p> <p>¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.</p> <p>Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.</p>

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 3011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☒ I am the creditor. / Soy el acreedor.
- ☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 09/30/2019 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma Amilda Prez Nieves

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name Amilda Perez Nieves
First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo _____

Company / Compañía _____

Identify the corporate servicer as the company if the authorized agent is a servicer. / Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección _____

PO Box 551 APN
Number / Número Street / Calle

San Sebastian
City / Ciudad

P.R. 00685
State / Estado ZIP Code / Código postal

Contact phone / Teléfono de contacto (787) 308-4256

Email / Correo electrónico amildaperez@gmail.com

8. How much is the claim? \$ _____
¿Cuál es el importe de la reclamación?

I don't know

Does this amount include interest or other charges?
¿Este importe incluye intereses u otros cargos?

☐ No / No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).

9. What is the basis of the claim?
¿Cuál es el fundamento de la reclamación?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.

(Romero) Act 89 APN

10. Is all or part of the claim secured?
¿La reclamación está garantizada de manera total o parcial?

☐ No / No
☒ Yes. The claim is secured by a lien on property.
Sí. La reclamación está garantizada por un derecho de retención sobre un bien.

Nature of property / Naturaleza del bien:
☐ Motor vehicle / Vehículos
☐ Other. Describe: (Romero) Act 89
Otro. Describir:

Basis for perfection / Fundamento de la realización de pasos adicionales: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.

Value of property / Valor del bien: \$ _____
Amount of the claim that is secured /
Importe de la reclamación que está garantizado: \$ _____
Amount of the claim that is unsecured /
Importe de la reclamación que no está garantizado: \$ _____
(The sum of the secured and unsecured amounts should match the amount in line 7.)
(La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)
Amount necessary to cure any default as of the Petition Date /
Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____

Annual Interest Rate (on the Petition Date)
Tasa de interés anual (cuando se presentó el caso) _____ %
☐ Fixed / Fija
☐ Variable / Variable

11. Is this claim based on a lease?
¿Esta reclamación está basada en un arrendamiento?

☒ No / No
☐ Yes. Amount necessary to cure any default as of the Petition Date.
Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____

Modified Official Form 410
Proof of Claim
page 3

[Bilingual: information appears in Spanish first and then in English]

PR 1845 SRF 35480 PackID: 14685 MMLID: 8204720 SVC: Batch 3
Perez Nieves, Amilda
P.O Box 551
San Sebastian PR 00685

Responda a esta carta el 3 de Octubre de 2019 o antes, devolviendo el cuestionario adjunto con la información y documentación solicitada.

Tenga en cuenta que solo necesita devolver un formulario, ya sea en inglés o español.

Si tiene alguna pregunta acerca de esta carta o su reclamación, llame al Prime Clerk LLC al (844) 822-9231 (llamadas sin cargo desde Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas internacionales), disponible de 10:00 a.m. a 7:00 p.m. (Hora Estándar del Atlántico) (español disponible), o dirección de correo electrónico PRClaimsInfo@primeclerk.com.

Please respond to this letter on or before October 3, 2019 by returning the enclosed questionnaire with the requested information and documentation.

Note, you only need to return one form, either in English or Spanish.

If you have any questions about this letter or your claim, please call: Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or email PRClaimsInfo@primeclerk.com.

Batch 3

*Certified to be a correct and true translation from the source text in Spanish to the target language English.
9/DECEMBER/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.*

SRF 35480

Commonwealth of Puerto Rico Supplemental
Information Processing Center
Grand Central Station, PO Box 4708
New York, NY 10163-4708
Phone: (844) 822-9231
PRClaimsInfo@primeclerk.com

***** Response Required *****

THIS LETTER RELATES TO A PROOF OF CLAIM YOU FILED AGAINST THE GOVERNMENT OF PUERTO RICO IN ITS PROCEEDINGS UNDER THE PUERTO RICO OVERSIGHT, MANAGEMENT, AND ECONOMIC STABILITY ACT.

PLEASE READ THIS LETTER CAREFULLY AND RESPOND IN ACCORDANCE WITH THE INSTRUCTIONS BELOW. FAILURE TO RESPOND MAY RESULT IN THE DEBTORS TAKING LEGAL ACTION TO HAVE YOUR CLAIM FULLY OR PARTIALLY DISALLOWED.

September 3, 2019

Re: PROMESA Proof of Claim
In re Commonwealth of Puerto Rico, Case No. 17-03283
United States District Court for the District of Puerto Rico

Dear Sir or Madam:

This letter relates to a proof of claim you filed in the Title III cases (the “Title III Cases”) against the Commonwealth of Puerto Rico, Puerto Rico Highways and Transportation Authority, or Puerto Rico Electric Power Authority (collectively, the “Debtors”). Prime Clerk LLC maintains the official claims register in the Title III Cases for the United States District Court in the District of Puerto Rico (the “Court”), and is reaching out to you on behalf of the Debtors.

The Debtors’ records reflect that you filed a proof of claim that was logged by Prime Clerk LLC as Proof of Claim Number **111463**. You may download a copy of your claim by visiting Prime Clerk’s website at: <https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.

Additional information is required in order for the Debtors to continue with assessing your claim. The Debtors are unable to determine from the information you provided the basis, nature, or amount for the claim you are attempting to assert against one or more of the Debtors. In responding to this letter, please ensure that you provide all of the information requested and as much detail as possible about your claim. The descriptions you put on your proof of claim were too vague for the Debtors to understand the claim you are trying to assert, so please provide more detail and do not simply copy over the same information.

Batch 3

1

*Certified to be a correct and true translation from the source text in Spanish to the target language English.
15/DECEMBER/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.*



Please respond to this letter on or before October 3, 2019, by returning the enclosed questionnaire with the requested information and documentation.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail, hand delivery, or overnight mail to the following address:

<u>First Class Mail</u>	<u>Overnight or Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

If you do not respond to this request and do not provide the requested information and documentation in support of your claim, the Debtors may be forced to object to your claim.

If you have any questions about this letter or your claim, please call: Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or email PRClaimsInfo@primeclerk.com.

PLEASE NOTE: Prime Clerk, LLC is the claims and noticing agent in the Title III Cases and cannot provide legal or financial advice.

Thank you,

Prime Clerk, LLC



SRF 35480

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk
Grand Central Station, PO Box 4708
New York, NY 10163-4708
T: (844) 822-9231
PRClaimsInfo@primeclerk.com

***** Response Required *****

THIS LETTER RELATES TO A PROOF OF CLAIM YOU FILED AGAINST THE GOVERNMENT OF PUERTO RICO IN ITS PROCEEDINGS UNDER THE PUERTO RICO OVERSIGHT, MANAGEMENT, AND ECONOMIC STABILITY ACT.

PLEASE READ THIS LETTER CAREFULLY AND RESPOND IN ACCORDANCE WITH THE INSTRUCTIONS BELOW. FAILURE TO RESPOND MAY RESULT IN THE DEBTORS TAKING LEGAL ACTION TO FULLY OR PARTIALLY DISALLOW YOUR CLAIM.

September 3, 2019

Re: PROMESA Proof of Claim
In re Commonwealth of Puerto Rico, Case No. 17-03283
United States District Court for the District of Puerto Rico

Dear Sir or Madam:

This letter relates to a proof of claim you filed in the Title III cases (the "Title III Cases") against the Commonwealth of Puerto Rico, Puerto Rico Highways and Transportation Authority, or Employees Retirement System of the Government of the Commonwealth of Puerto Rico (collectively, the "Debtors"). Prime Clerk LLC, maintains the official claims register in the Title III Cases for the United States District Court in the District of Puerto Rico (the "Court"), and is reaching out to you on behalf of the Debtors.

The Debtors' records reflect that you filed a proof of claim that was logged by Prime Clerk LLC as Proof of Claim Number **111463**. You may download a copy of your claim by visiting Prime Clerk's website at: <https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.

Additional information is required in order for the Debtors to continue with assessing your claim. The Debtors are unable to determine from the information you provided the basis, nature, or amount for the claim you are attempting to assert against one or more of the Debtors. In responding to this letter, please ensure that you provide all of the information requested and as much detail as possible about your claim. The descriptions you put on your proof of claim were too vague for the Debtors to understand the claim you are trying to assert, so please provide more detail and do not simply copy over the same information.

Please respond to this letter on or before October 3, 2019 by returning the enclosed questionnaire with the requested information and documentation.

Batch 3



990123400372205

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail, hand delivery, or overnight mail to the following address:

<u>First Class Mail</u>	<u>Overnight or Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

If you do not respond to this request and do not provide the requested information and documentation in support of your claim, the Debtors may be forced to object to your claim.

If you have any questions about this letter or your claim, please call: Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or email PRClaimsInfo@primeclerk.com.

PLEASE NOTE: Prime Clerk, LLC is the claims and noticing agent in the Title III Cases, and cannot provide legal or financial advice.

Thank you,

Prime Clerk, LLC

Batch 3

2



Proof of Claim: 111463
Claimant: Perez Nieves, Amilda

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INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following addresses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☐ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Batch 3



Proof of Claim: 111463

Claimant: Perez Nieves, Amilda

3(b). Identify the dates of your employment related to your claim:

3(c). Last four digits of your social security number: _____

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☐ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☐ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

4(b). Identify the name and address of the court or agency where the action is pending:

4(c). Case number: _____

4(d). Title, Caption, or Name of Case: _____

4(e). Status of the case (pending, on appeal, or concluded): _____

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment? _____

Batch 3

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990123400372205

Número de Evidencia de Reclamación: 111463
Reclamante: Perez Nieves, Amilda

4(e). Estado del caso (pendiente de resolución, en apelación, o cerrado):

It is my understanding that it's already [done]

4(f). ¿Tiene usted una sentencia impaga? Sí / No (Marque una)

De ser así, ¿cuál es la fecha y el monto de la sentencia?

Batch 3

3



990123400372205

SAN SEBASTIAN
211 CALLE RUIZ BELVIS
SAN SEBASTIAN, PR 00685-9998
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(800)275-8777
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Certified (USPS Certified Mail #) (70183090000212232819)			\$0.50
Return Receipt (USPS Return Receipt #) (9590940245848278916590)			\$2.80
Total:			\$9.09
Cash			\$10.10
Change			(\$1.01)

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or scan this code with
your mobile device:
(o escanee este código con
su dispositivo móvil:)



MONEY ORDER RECEIPT - NON NEGOTIABLE

THIS DIRECTION, THIS SIDE UP →

1485/04

Amilda Maria A. Ortiz Rivera
Box 8163
San Juan, PR 00940
AGY 173620 DT 051304 \$10.00 **1000DOLLARS AND NO CENTS

Postage and postage meter stamps must be included with all related requests. The sure to read important information below. For more information, visit the postage meter and integrated Payment Systems Inc. (www.usps.com) or call 1-800-222-1811. For more information, visit the postage meter and integrated Payment Systems Inc. (www.usps.com) or call 1-800-222-1811. For more information, visit the postage meter and integrated Payment Systems Inc. (www.usps.com) or call 1-800-222-1811.



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<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$1.30

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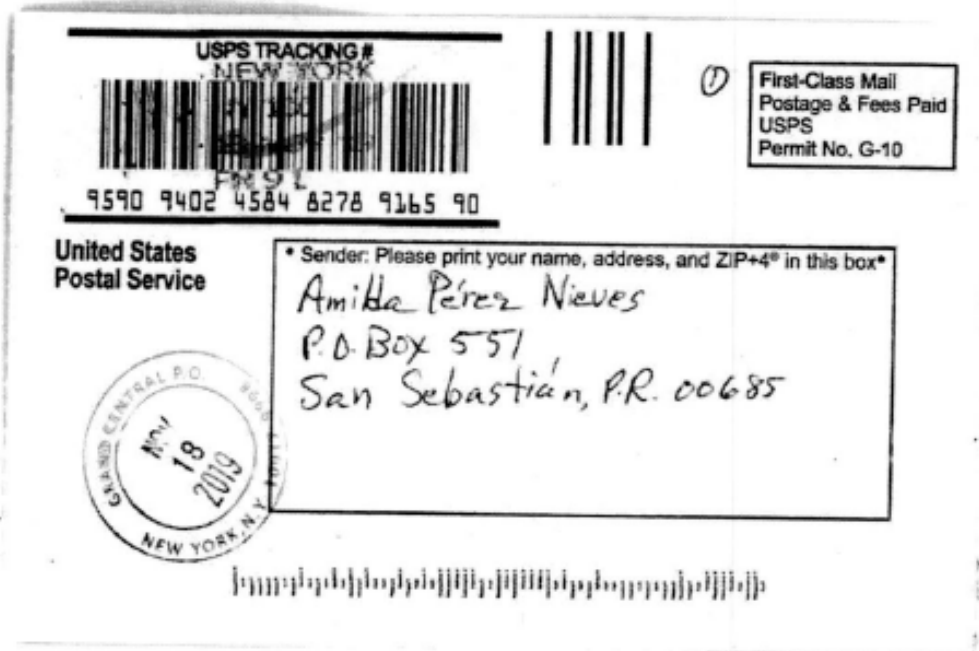
11/12/2019

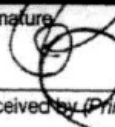
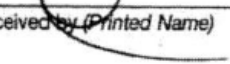

Postmark Here

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11/12/2019

Send to: Estancia Real de San Juan, San Juan, PR 00911
Attn: Mr. Roberto Sanchez
PO Box 4798
San Juan, PR 00911-4798
PS Form 3800, April 2015 PSN 7530-02-000-1001 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery <u>11/9/14</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>																
<p>1. Article Addressed to: <i>Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708</i></p> <p> 9590 9402 4584 8278 9165 90</p>	<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr><tr><td><input type="checkbox"/> Mail Restricted Delivery (500)</td><td></td></tr></table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Mail Restricted Delivery (500)	
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PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt																

[Bilingual: information appears in Spanish first and then in English]

PR 1845 SRF 37158 PackID: 252 MMLID: 85688855VC: Batch 8
PEREZ NIEVES, AMILDA
PO BOX 551
SAN SEBASTIAN PR 00685-0551

Responda a esta carta el 1 de diciembre de 2019 o antes, devolviendo el cuestionario adjunto con la información y documentación solicitada.

Tenga en cuenta que solo necesita devolver un formulario, ya sea en inglés o español.

Si tiene alguna pregunta acerca de esta carta o su reclamación, llame al Prime Clerk LLC al (844) 822-9231 (llamadas sin cargo desde Estados Unidos y Puerto Rico) o (646) 486-7944 (para llamadas internacionales), disponible de 10:00 a.m. a 7:00 p.m. (Hora Estándar del Atlántico) (español disponible), o dirección de correo electrónico PRClaimsInfo@primeclerk.com.

Please respond to this letter on or before December 1, 2019 by returning the enclosed questionnaire with the requested information and documentation.

Note, you only need to return one form, either in English or Spanish.

If you have any questions about this letter or your claim, please call: Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or email PRClaimsInfo@primeclerk.com.

Batch 8

Proof of Claim Number: 171116

7

Claimant: PEREZ NIEVES, AMILDA

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Act 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of an initial pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following address:

<u>By Mail</u>	<u>Hand Delivery or Overnight Mail Service</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☒ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)
-

2. What is the amount of your claim (how much money do you claim to be owed):

I don't know.

Batch 8



990123400446504

Proof of Claim Number: 171116

Claimant: PEREZ NIEVES, AMILDA

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

☐ No. *Please continue to Question 4.*

☒ Yes. **Answer Questions 3(a)-(d).**

3(a). Identify the specific agency or department where you were or are employed:

Department of Family Affairs (ADSEF)

3(b). Identify the dates of your employment related to your claim:

Approximately July 1979

3(c). Last four digits of your social security number: 0685

3(d). What is the nature of your employment claims (select all that apply):

☐ Retirement

☒ Unpaid Wages

☐ Sick Days

☐ Union Grievance

☐ Vacation

☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. Legal Action. Does your claim relate to a pending or closed legal action?

☐ No.

☒ Yes. **Answer Questions 4(a)-(f).**

4(a). Identify the department or agency that is a party to the action.

Department of Family Affairs (ADSEF)

4(b). Identify the name and address of the court or agency where the action is pending:

Bankruptcy Court (JCF)

4(c). Case number: 17-bk-03283

4(d). Title, Caption, or Name of Case:

In re Commonwealth of Puerto Rico

Batch 8



990123400446504

Proof of Claim Number: **171116**

Claimant: **PEREZ NIEVES, AMILDA**

8

4(e). Status of the case (pending, on appeal, or concluded):

Pending

4(f). Do you have an unpaid judgment? Yes / ☒ No (Circle one)

If yes, what is the date and amount of the judgment?

Batch 8



990123400446504

Proof of Claim: 171116

Claimant: PEREZ NIEVES, AMILDA

6

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to PRClaimsInfo@primeclerk.com, or by **mail or hand delivery** to the following addresses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☐ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☐ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Batch 8



990123400446504

Proof of Claim:171116

Claimant:PEREZ NIEVES, AMILDA

3(b). Identify the dates of your employment related to your claim:

3(c). Last four digits of your social security number: _____

3(d). What is the nature of your employment claims (select all applicable):

- ☐ Pension
- ☐ Unpaid Wages
- ☐ Sick Days
- ☐ Union Grievance
- ☐ Vacation
- ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

- ☐ No.
- ☐ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

4(b). Identify the name and address of the court or agency where the action is pending:

4(c). Case number: _____

4(d). Title, Caption, or Name of Case: _____

4(e). Status of the case (pending, on appeal, or concluded): _____

4(f). Do you have an unpaid judgment? Yes / No (Circle one)

If yes, what is the date and amount of the judgment? _____

Batch 8

2



990123400446504

SRF 37158

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk
Grand Central Station, PO Box 4708
New York, NY 10163-4708
T: (844) 822-9231
PRClaimsInfo@primeclerk.com

*** Response Required ***

THIS LETTER RELATES TO A PROOF OF CLAIM YOU FILED AGAINST THE GOVERNMENT OF PUERTO RICO IN ITS PROCEEDINGS UNDER THE PUERTO RICO OVERSIGHT, MANAGEMENT, AND ECONOMIC STABILITY ACT.

PLEASE READ THIS LETTER CAREFULLY AND RESPOND IN ACCORDANCE WITH THE INSTRUCTIONS BELOW. FAILURE TO RESPOND MAY RESULT IN THE DEBTORS TAKING LEGAL ACTION TO FULLY OR PARTIALLY DISALLOW YOUR CLAIM.

November 1, 2019

Re: PROMESA Proof of Claim
In re Commonwealth of Puerto Rico, Case No. 17-03283
United States District Court for the District of Puerto Rico

Dear Sir or Madam:

This letter relates to a proof of claim you filed in the Title III cases (the "Title III Cases") against the Commonwealth of Puerto Rico, Puerto Rico Highways and Transportation Authority, or Employees Retirement System of the Government of the Commonwealth of Puerto Rico (collectively, the "Debtors"). Prime Clerk LLC, maintains the official claims register in the Title III Cases for the United States District Court in the District of Puerto Rico (the "Court"), and is reaching out to you on behalf of the Debtors.

The Debtors' records reflect that you filed a proof of claim that was logged by Prime Clerk LLC as Proof of Claim Number **171116**. You may download a copy of your claim by visiting Prime Clerk's website at: <https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.

Additional information is required in order for the Debtors to continue with assessing your claim. The Debtors are unable to determine from the information you provided the basis, nature, or amount for the claim you are attempting to assert against one or more of the Debtors. In responding to this letter, please ensure that you provide all of the information requested and as much detail as possible about your claim. The descriptions you put on your proof of claim were too vague for the Debtors to understand the claim you are trying to assert, so please provide more detail and do not simply copy over the same information.

Please respond to this letter on or before December 1, 2019 by returning the enclosed questionnaire with the requested information and documentation.

Batch 8



990123400446504

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail, hand delivery, or overnight mail to the following address:

<u>First Class Mail</u>	<u>Overnight or Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

If you do not respond to this request and do not provide the requested information and documentation in support of your claim, the Debtors may be forced to object to your claim.

If you have any questions about this letter or your claim, please call: Prime Clerk LLC at (844) 822-9231 (toll free for U.S. and Puerto Rico) or (646) 486-7944 (for international callers), available 10:00 a.m. to 7:00 p.m. (Atlantic Standard Time) (Spanish available), or email PRClaimsInfo@primeclerk.com.

PLEASE NOTE: Prime Clerk, LLC is the claims and noticing agent in the Title III Cases, and cannot provide legal or financial advice.

Thank you,

Prime Clerk, LLC

Responses to questionnaire questions #1 and #3

Questionnaire:

1. What is the basis of your claim?

A legal action pending payment.

2. What is the amount of your claim?

I do not know. What I do know is that it is since the enactment of the Act. It constitutes a basis for my claim since I was already employed since prior to the "Act." This act was Act 89 of July 12, 1979, the Uniform Compensation Act for years of service, granted in accordance with the provisions of the law. I started working with the Department of the Family in 1974 and retired on February 1, 2008. That Act is a Uniform Compensation act for years of service.

(See June 30, 2012 letter (Lawsuit in the /illegible/ case KAC-2003-3604 (902) (Romerazo))

I have not received a single cent of that money.

San Juan attorney Maria A. Ortiz Rivera PSC, who at the time took care of the appeal on behalf of all the affected claimants, requested a check for \$125.00 (retainer for the attorney and /illegible/), and another check for \$10.00, which I sent to her. I am attaching copies of said checks.

Question 4 of the last page:

It was paid to the Firefighters Department and to a portion of the agencies, but
I think they only paid to Group I of the Department of the Family.

MARIA A ORTIZ RIVERA PSC, ESQ.
269 ELEONOR ROOSEVELT
SAN JUAN, PR 00918
(787) 765-7828 FAX (787) 751-6758
mariaortizriverapsc@gmail.com

June 30, 2012

To: Claimants in civil case KAC-2003-3604(902) (Romerazo)

Ref: Report on the findings of the compensation analysis of the personnel files evaluated

Dear Clients:

Cordial greetings to all our clients in the above-referenced case.

As some of you know (from calls made to our offices), we have received the Expert Report on the files analyzed in the Department of the Family's Romerazo case. Below I will succinctly explain the process that took place and the results:

1. Data gathering from personnel files related to the various compensation transactions carried out for each claimant in the sample selected, since the date of their appointment.
2. Analysis of each transaction, which involved redoing them in accordance with the provisions of the law in question, or the norm or procedure that gave rise to each of them.

As you know, this file review process has taken more than 2 ½ years to complete. The analysis shows that:

1. The salary increases granted to employees by virtue of special laws, revision of salary structures, as well as those provided by Act 89 of July 12, 1979, Uniform Compensation Act for years of service, were granted in accordance with the provisions of the Law.
2. The salary adjustments resulting from the implementation or revision of compensation structures of the Department of Family Affairs were made in accordance with the implementation regulations adopted by the appointing authority.

What this means is that no case has been identified where the Department of Family Affairs owes any amount of money for bonuses or wages, including for Act 83, which is the act on which the Romerazo case is based.

What the result of the analysis revealed is that the Department of Family Affairs, when incorporating the law on compensation and wage reclassification, correctly adjusted the payment of the Bonus under Act 83. Therefore, the Department of Family Affairs does not owe anything to the plaintiff employees, neither under this law nor under the subsequent law up to 2003, when the case begins. **The claim of some Department of Family Affairs employees under the Minimum Wage Act is excluded from this analysis, since said law was excluded from this analysis due to an existing separate claim.**

We know that this news is not pleasant for any of us (including the undersigned attorney, since our fees had been agreed on a contingency basis), but it is the result of the findings of the Expert we hired. This is not information provided to us by the Department of Family Affairs, but the result of two and a half years of file reviews by the Expert.

I remind you that at the beginning of the case we sought to answer two questions:

1. Whether you had the right to file a claim under Act 83; and
2. Whether the Department of Family Affairs had an outstanding debt to each of you under said Act or any subsequent laws.

The first question was answered at the beginning of the case. The Court found that all public employees, whether temporary or permanent, that were part of the Department of Family Affairs on the date the bonus under Act 83 was passed, as well as any retirees who on the date the claim was filed (2003) had been retired for no more than 3 years, were allowed to file a claim.

We have been evaluating the second question through the review of personnel files, and the result is that the Department of Family Affairs has no debt to the claimants under analysis.

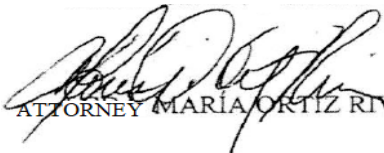
Now, in the next few weeks we will proceed to notify the Court of the results obtained from the expert assessment. The results being such, we understand that the Court will issue a ruling putting an end to the claim and ordering the closure and final filing of the case.

Even though the result is not the one we hoped for, our work was important since, as a result of these claims, the files have been reviewed and many of you will no longer have any doubts on the matter. Others will object and we understand that, but we cannot deny the results.

I thank you for your patience and the opportunity you gave me to represent you in this claim.

Should you have any questions, please contact us so we can address those questions or the contents of this letter.

Thank you. Having nothing further to add, cordially,



ATTORNEY MARÍA ORTIZ RIVERA

**MEMORANDUM TO THE CLAIMANTS FROM THE DEPARTMENT OF FAMILY AFFAIRS AND
DEPARTMENT OF AGRICULTURE**

TO: ALL CLIENTS / CLAIMANTS OF THE DEPARTMENT OF FAMILY AFFAIRS AND
DEPARTMENT OF AGRICULTURE
FROM: MARIA ORTIZ RIVERA, ESQ.
SUBJECT: STATUS OF THE PROCEEDINGS, HIRING OF EXPERTS
DATE: 1/7/2008

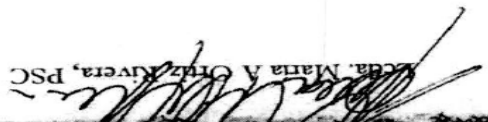
**STATUS OF THE PROCEEDINGS AND HIRING OF AN
EXPERT FOR 2008**

CORDIAL GREETINGS TO ALL THE CLIENTS OF ATTORNEY MARIA ORTIZ
RIVERA

Below we proceed to inform you about the status of the proceedings in the wage
claim known as the Romerazo case.

Around mid-2007, the Department of Family Affairs was asked to analyze 200
cases from a random sample taken from the pool of plaintiffs. The goal of this analysis is
to determine whether the Department of Family Affairs would be able to carry out the
expert analysis for the Court to issue a declaratory judgment recognizing the existence of
a debt in favor of the plaintiffs, based on the findings from the sample. The Department
of Family Affairs submitted a report of the cases chosen by the plaintiffs and later the
Court ordered us to inform them whether we agreed with the findings of the report
submitted by the Department of Family Affairs.

In order to comply with this ORDER, we had to request two additional terms, since
the only Expert we have for this analysis is currently in the final stages of the Puerto Rico
Fire Department. /Remainder of page cut-off/



The payment must be made out to the Office of Attorney María Ortiz Rivera, PSC, including a note with the case number, i.e., CIVIL No.: KAC 2003-3604 (902).

Any claimants who do not agree with the payment or who fail to send the payment on or before February 29, 2008, will receive after said date a notice of Relief as Legal Counsel, since without contributing toward paying for the cost of the expert, it is impossible to carry out the legal representation of said claimants, and only those clients who are in a position to pay in advance for the expert's expenses that this case requires shall continue to be represented. It is important to remind you that the cost of Experts is an expense assumed by the client in all cases, and that is why they are paid in advance or as soon as the expert submits the invoice for their services. Moreover, that payment is not refundable. This means that, regardless of whether, upon analyzing your case, it is determined and appears that an adjustment should be made, the cost of the Expert must be paid and therefore the \$125.00 are not reimbursed.

Therefore, any claimant who wishes for us to proceed with their representation and who is interested in the case moving forward in the coming year, must send their contribution toward the costs of the expert analysis on or before the date indicated above, that is, **February 29, 2008**.

We have chosen this date because the administrative file was requested until March, and by then we will have to resume the case and the Court must be notified about the status of the expert procedures.

The Romerazo case requires the Expert to master two areas of knowledge regarding the salary of government employees; to wit, classification and pay scales. To date, and according to our experience, only the Expert hired for the Firefighters case and the Commissioner appointed by the Court handle both areas, which are indispensable for the adjudication of this case on its merits.

Unlike the Firefighters' Romerazo case, in this case it won't be necessary to pay the Commissioner since the analysis of the laws applicable to the case was already performed in the Romerazo case and we are benefitting from that process in this case. Otherwise, the expert expenses would be higher.

Should you have any questions about the contents of this letter, please contact our offices on Mondays or Thursdays starting on January 9, 2008. No calls will be returned as this increases the expenses of the case due to the large number of claimants. Please remit payment via money order or check. Any returned checks due to lack of funds shall incur a \$20 fee, running the risk of us requesting to be relieved as counsel if the funds are not covered by February 29, 2008.

Wishing you a Happy New Year, full of peace, health, and prosperity.

Looking forward to your response. Cordially,

/Illegible signature/

[Repeated from pages 51-52]

MARIA A ORTIZ REIVERA PSC, ESQ.
269 ELEONIR ROOSEVELT
SAN JUAN, PR 00918
(787) 765-7828 FAX (787) 751-6758
mariaortizriverapsc@gmail.com

June 30, 2012

To: Claimants in civil case KAC-2003-3604(902) (Romerazo)

Ref: Report on the findings of the compensation analysis of the personnel files evaluated

Dear Clients:

Cordial greetings to all our clients in the above-referenced case.

As some of you know (from calls made to our offices), we have received the Expert Report on the files analyzed in the Department of Family Affairs's Romerazo case. Below I will succinctly explain the process that took place and the results:

1. Data gathering from personnel files related to the various compensation transactions carried out for each claimant in the sample selected, since the date of their appointment.
2. Analysis of each transaction, which involved redoing them in accordance with the provisions of the law in question, or the norm or procedure that originated each of them.

As you know, this file review process has taken more than 2 ½ years to complete. The analysis shows that:

1. The salary increases granted to employees by virtue of special laws, revision of salary structures, as well as those provided by Act 89 of July 12, 1979, Uniform Compensation Act for years of service, were granted in accordance with the provisions of the Law.
2. The salary adjustments resulting from the implementation or revision of compensation structures of the Department of Family Affairs were made in accordance with the implementation regulations adopted by the appointing authority.

What this means is that no case has been identified where the Department of Family Affairs owes any amount of money for bonuses or wages, including for Act 83, which is the act on which the Romerazo case is based.

What the result of the analysis revealed is that the Department of Family Affairs, when incorporating the law on compensation and wage reclassification, correctly adjusted the payment of the Bonus under Act 83. Therefore, the Department of Family Affairs does not owe anything to the plaintiff employees, neither for this law nor for the subsequent law up to 2003, when the case begins. **The claim of some Department of Family Affairs employees under the Minimum Wage Act is excluded from this analysis, since said law was excluded from this analysis due to an existing separate claim.**

We know that this news is not pleasant for any of us (including the undersigned attorney, since our fees had been agreed on a contingency basis), but it is the result of the findings of the Expert we hired. This is not information provided to us by the Department of Family Affairs, but the result of two and a half years of file reviews by the Expert.

I remind you that at the beginning of the case we sought to answer two questions:

3. Whether you had the right to file a claim under Act 83; and
4. Whether the Department of Family Affairs had an outstanding debt to each of you under said Act or any subsequent laws.

The first question was answered at the beginning of the case. The Court determined that all public employees, whether temporary or permanent, that were part of the Department of Family Affairs on the date the bonus under Act 83 was granted, as well as any retirees who on the date the claim was filed (2003) had been retired for no more than 3 years, were allowed to file a claim.

We have been evaluating the second question through the review of personnel files, and the result is that the Department of Family Affairs has no debt to the claimants under analysis.

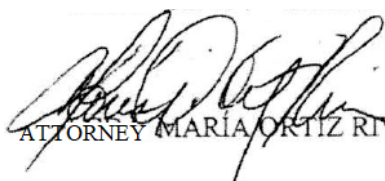
Now, in the next few weeks we will proceed to notify the Court of the results obtained from the expert assessment. The results being such, we understand that the Court will issue a ruling putting an end to the claim and ordering the closure and final filing of the case.

Even though the result is not the one we hoped for, our work was important since, as a result of these claims, the files have been reviewed and many of you will no longer have any doubts on the matter. Others will object, and we understand that, but we cannot deny the results.

I thank you for your patience and the opportunity you gave me to represent you in this claim.

Should you have any questions, please contact us so we can address those questions or the contents of this letter.

Thank you. Cordially,



ATTORNEY MARIA ORTIZ RIVERA

From: Amilda Prez Nieves
P.O. Box 557
San Sebastián, P.R. 00685

RECEIVED
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Prime Clerk, LLC
Grand Central Station
P.O. Box 4850
New York, NY 10163-4850

Certified to be a correct and true translation from the source text in Spanish to the target language English.
15/DECEMBER/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
By Targem Translations Inc.



T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 17116**

Signed this 15th day of December, 2021



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A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor'.

Andreea I. Boscor

